

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 MAY 23 PM 12:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

N 20284
JOUth FLORIDA CHRISTIAN COUNSEL
ING CENTE & GOSPEL FELLOWSHIP

2. Principal Office Address

14551 Corner Drive

Suite, Apt. #, etc.

MIAMI FLA

City & State

~~33170~~ ~~U.S.A.~~

Zip

Country

3. Mailing Office Address

14551 Corner Drive

Suite, Apt. #, etc.

MIAMI FL 331

City & State

~~33176~~ ~~U.S.A.~~

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

000016337670

04/21/03--01006--004 ***367.75

7. Name and Address of Current Registered Agent

Name

Alongo Fraser

Street Address (P.O. Box Number is Not Acceptable)

14551 Corner Drive

Suite, Apt. #, Etc.

MIAMI FLA 33176

City

State

FL

Zip Code

000016337670

05/06/03--01094--012 ***52.25

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of

Registered Agent

Alongo Fraser DIRECTOR

REGISTERED AGENT MUST SIGN

Date 4-15-2003

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D.D.	HEATHER GATE	8415 SW 208 CT	MIAMI FLA 33189
D.D.	MELVA FRASER	17525 SW 108 ST	MIAMI FL 33157
D.D.	DARIA BURGESS	1635 NW 9 CT	33030
D.D.	THANIA GATSE	8415 SW 208 CT	MIAMI FL 33189
D	SHARON BURGESS	33030 -	MIAMI FL 33030

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Alongo Fraser DIRECTOR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-2003 307235249
Date 8-5-2011 1728 Daytime Phone #

CR2E081 (9/00)